

AN INVESTIGATION OF COUNSELING AS A SPECIALIZED FUNCTION
OF THE CHAPLAINCY

A Thesis
Presented to
the Faculty of the
United States Army Chaplain School

In Partial Fulfillment
of the Requirements
Career Course Number 61-2

by
Charles Edward Gray

May 1961

(8)

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
A possible beginning of the mental health problem . .	1
A growing concern about mental health	1
II. THE PROBLEM AND DEFINITIONS OF TERMS USED	3
The problem	3
Statement of the problem	3
Importance of the study	3
Definitions of terms used	4
III. THE CHAPLAIN COMPARED TO HIS CIVILIAN COUNTERPART . .	6
IV. THE SCOPE OF COUNSELING FOR THE CHAPLAIN	8
Counseling with military personnel and their families .	8
Possible situations	8
Comments on World War I and World War II	9
Relationship of chaplain and soldier	12
Hospital and prisoner counseling	12
Mass casualty situation and the chaplain	17
V. SUMMARY AND CONCLUSIONS	20
BIBLIOGRAPHY	23

CHAPTER I

INTRODUCTION

A possible beginning of the mental health problem. Man has had to deal with the problems of mental health since his creation. According to the Genesis account in the Bible, Adam and Eve were banished from the Garden of Eden because they disobeyed God. One might say that they failed to think through their own situation, considering the advantages and disadvantages of obedience. On the other hand, they may have been somewhat frustrated and felt a need for more personal attention or recognition. No attempt will be made here to go into the question of sin and its connection to mental health.

It is obvious though, in this account, that Adam and Eve did make a mistake, and that they suffered as a result. We can imagine that they counseled with each other, or consoled each other as they lived out their lives in the more barren wastes outside of the Garden. If one accepts the Genesis account, then he might easily deduce that man's troubles started at this time, and that it appears, according to written history, that man has been in trouble most of the time since then.

A growing concern about mental health. The problem of mental health was probably not considered very important at that time, but as the population grew, and as man became a community being, he realized that something must be done about those people who were not quite normal. Not knowing quite what to do, man more or less tended to ignore or avoid those unfortunate, harmless people. Of course, the more severe cases were considered dangerous or criminal and were put away.

Eventually there began to develop a concern for the maladjusted. Sigmund Freud, one of the pioneer thinkers in psychology, opened the doors to further study of the problems of mental health. The past twenty years have been marked by a rapid expansion in this field of study. Psychology and counseling are no longer generally looked upon with suspicion, but are now holding their own in the professional ranks.

CHAPTER II

THE PROBLEM AND DEFINITIONS OF TERMS USED

Statement of the problem. It was the purpose of this study to determine whether or not counseling is a specialized function of the chaplaincy. It is not intended to suppose that counseling is the primary mission of the military chaplain.

Importance of the study. The saving of manpower during times of war or peace is of vital importance to the Government of the United States and to the Armed Forces. In times of peace, the loss of manpower is costly in time and in money. In times of war, it may also be costly in lives. Mike Gorman says:

Manpower wastage is a burning topic these days in Washington. Experts produce reams of reports on ways in which our precious military manpower can be preserved. We are using civilians as Kitchen Police in Air Force messhalls so that more men may be spared for fighting units.¹

No number of civilian KP's can make up the tremendous military manpower losses caused by mental illness. In World II, rejections for mental illness before induction, or discharges during the service, deprived the armed forces of 2,564, 184 young men in the prime of life. Forty percent of the medical disability losses were due to neuropsychiatric disorders - a group large enough in size to man 177 Army infantry divisions, and larger than the total number of men the Army sent to the Pacific Theater of Operations during all of the last World War.²

¹Mike Gorman, Every Other Bed (Cleveland and New York: The World Publishing Co., 1956), p. 24.

²Ibid.

Definitions of terms used. Dr. Karl Menninger in defining mental health says:

Let us define mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness. Not just efficiency, or just contentment, - or the grace of obeying the rules of the game cheerfully. It is all of these together. It is the ability to maintain an even temper, an alert intelligence, socially considerate behavior, and a happy disposition. This, I think, is a healthy mind.³

Pepinsky defines clinical counseling as:

(a) the diagnosis and treatment of minor (non-embedded, non-encapacitating), functional (non-organic) maladjustments, and (b) a relationship, primarily individual and face to face, between counselor and client.⁴

In White's usage, the term psychological counseling: refers to a variety of rather similar activities. It is easier to characterize them negatively than positively. They are not psychoanalysis with its group of specialized procedures: free association, interpretation, transference, and the analysis of dreams. They do not use special aids such as hypnosis, narcosynthesis, or psychodrama. They rely simply on conversation between therapist and patient. This may take the form of questions and answers, reconstruction of past history, or discussion of current difficulties. It may consist of an emotion-laden monologue by the patient, or at the opposite extreme, the therapist may have to take the initiative in making the patient speak at all. The therapist may

³Karl Menninger, The Human Mind (New York: Alfred A. Knopf, 1947, Third Edition), p. 1.

⁴Arthur H. Brayfield, Editor, Readings in Modern Methods of Counseling (New York: Appleton - Century - Crofts, Inc., 1950), p. 3.

offer encouragement, give information, give advice; these more positive actions on his part still lie within the very general meaning of psychological counseling.⁵

⁵Ibid.

CHAPTER III

THE CHAPLAIN COMPARED TO HIS CIVILIAN COUNTERPART

The chaplain is very much like his counterpart in civilian life, the minister, priest, and rabbi. The chaplain is one who has qualified himself in a civilian college and seminary. He has been ordained by his particular church and denomination, and he has fulfilled a required amount of time in the pastorate or parish. These are basic requirements of the military chaplaincy.

The chaplain is different in the sense that his ministry is in a particular setting. On entering the chaplaincy, he is commissioned as an officer of the Armed Forces of the United States. Then, there is a certain training that he must take that helps him to be a better officer, and which helps him to understand this particular setting.

Chaplain and minister are very much alike in the kinds of duty that they perform. Both will probably conduct regular worship services. The minister will usually conduct worship services only for his own particular denomination, whereas the chaplain may conduct general worship services where several denominations are represented. Chaplain and minister will pastor their congregations, in that they will carry out the functions of performing marriages, funerals, and baptisms. Both have the same obligation of being spiritual and moral leaders of their people.

There is a distinct difference in the communities in which the chaplain and the minister will work. The civilian minister will usually work with a rather permanent group of people. The word permanent here is used in contrast to the military community where changes of assignment

cause a rapid turnover of population. In this sense, the community with which the chaplain works is transient. There is also a difference in the average age of these communities. The majority of the men in the Armed Forces are young men. This is due to the draft of young men, many of whom stay in for only two or three years, and to the retirement at twenty or thirty years of service of those who choose to make a career of the service.

There may also be a difference in the counseling duties. This may be due, partly, to the differences mentioned in the paragraph above. Young men and young marriages placed in an unstable and transient situation are almost sure to have more problems than these same people in a stable community. To move a young man from his home and family, and to put him in the strange and disciplined life of the military, may cause an immediate problem. Chaplain and minister will have counseling duties, but it seems that the scope of the chaplain's counseling will be somewhat different from that of the civilian minister. This does not mean that psychologically these people are different because they come into the military, but that their problems are more likely to become conscious problems.

Concerning the preparation for the ministry or the chaplaincy, the colleges and seminaries may prepare a person for the pastorate, religious education, hospital work, or teaching. Usually ministers prepare themselves only for the pastorate. The colleges and seminaries may offer many courses in psychology and counseling, but these courses are not generally required courses. The ability to counsel comes to these men through trial and error, experience, and personal study.

CHAPTER IV

THE SCOPE OF COUNSELING FOR THE CHAPLAIN

Counseling with military personnel and their families. Counseling for the chaplains consists primarily of dealing with military personnel and their families. The chaplain must be available to individuals under military jurisdiction who desire a confidential interview. On any post, camp, or station one will find that there is a chaplain on call twenty-four hours a day just as there is a doctor on call in the event of emergency illness. The range of counseling for the chaplain is vast. He faces special problem areas not always peculiar to military life, but constituting specific difficulties in the adjustment to military life. Here individuals are exposed to privations and frustrations through separation from families, and the demand for new disciplines and regimentation of their lives. These cases may at times exceed the capabilities of the chaplain-counselor, and then the chaplain must make proper referral with a minimum of embarrassment to the client.⁶

Possible situations. Department of the Army Pamphlet 16-60 lists a few of the types of problems that call for a good chaplain-counselor:

- a. Moral problems in which a soldier wants to do the right thing, but finds it difficult.
- b. Moral conflicts and confusion where different forces contend from within.
- c. Marriage problems, whether premarital indecision or adjustment after marriage.

⁶Department of the Army Pamphlet 16-60, The Chaplain As Counselor (Headquarters, Department of the Army, April 1958), pp. 3-5

d. Emotional problems, such as doubt, futility, boredom, or sexual difficulties.

e. Job and vocational frustrations, such as the choice of proper work or state of life.

f. Social and interpersonal maladjustments, such as antagonism towards another or various groups.

g. Feelings of guilt and scrupulosity.

h. Feelings of bitterness and/or resentment against alleged injustices.

i. Physical or mental handicaps and restrictions, such as scars, crippling injuries, low intelligence or confinement.

j. Adjustment to a disciplined life.⁷

Comments on World War I and World War II. The types of problems listed above are problems of the everyday life of the military, but they are not necessarily different from those found in civilian life. In order to differentiate the problem areas, the soldier should be seen as one who is preparing for war, and one who is learning the arts of killing. The thought of war is frightening, and the thought of killing another human being is repulsive. Even the war games that are played in times of peace, though they train the soldier to use the equipment and teach him to act instinctively in certain situations, cannot compare to the actual event of war. Grinker and Spiegel in their book, "Men Under Stress" say that, "The stress of war tries men as no other test that

⁷Ibid., p. 6.

they have encountered in civilized life."⁸

During World War I, traumatic reactions to combat conditions were called "shell shock", a term coined by a British pathologist, Colonel Frederick Mott, who regarded them as organic conditions produced by minute hemorrhages of the brain. It was gradually realized, however, that only a very small percentage of such cases had been physically injured by the concussion of exploding shells or bombs. They discontinued the use of the term by the end of the war, for instead, they found that most of these men were suffering from the general combat situation with its physical fatigue, the ever-present threat of death or mutilation, and psychological shocks.⁹

The United States was unprepared for World War II in almost every field of service. This was especially true in reference to provisions for mental health services in the Armed Forces. In the main, the pattern of organization of such services, that was developed in World War I, was not adequate for the conditions of World War II. We had a grossly inadequate supply of well-trained psychiatrists and auxiliary personnel. The whole task of recruitment and indoctrination of the staff and the organization had to be started from a scratch and put into effect. Under the circumstances, fumbling and failure at various points characterized our early efforts. However, by early 1944, a fairly effective organization had been developed which functioned

⁸Roy J. Grinker and John P. Spiegel, Men Under Stress (York, Pennsylvania: The Mapel Press Company, 1945), p. vii.

⁹James C. Coleman, Abnormal Psychology and Modern Life (New York: Scott, Foresman and Company, 1956, Second edition), p. 151.

increasingly well as the war progressed.¹⁰

Some of the disturbances of the soldier and his classifications are given by Maslow and Mittelmann in the following statement:

When the serviceman first experiences combat, he is usually meeting realistic danger for the first time and has as yet experienced little drain on his physical and emotional resources. When an individual breaks down early in the course of his combat experiences after having experienced only minimum stress, his psychopathological reaction is usually based upon previous pathological trends, and the nature of his reaction is usually related to his "precombat" personality organization. Under these circumstances, three main types of reactions have been observed: (1) The pathological reaction is based on an intrapsychic conflict involving a strong sense of duty - he wants to do his job, and he does not want to let his buddies down - and deep seated feelings of insecurity. The stress of combat intensifies his feelings of insecurity, and leads to anxiety, which becomes incapacitating and prevents him from carrying out his assignment. Because of his sense of duty, his failure results in feelings of guilt, self-condemnation, and depression. The individual may develop any type of neurotic symptom. (2) In this group, the conflict is primarily between inner feelings of insecurity and the desire for self preservation on the one hand, and realistic danger on the other. As in the first group, underlying insecurity feelings are quickly intensified by combat experiences, and anxiety results. However, these people lack a strong sense of duty. They are likely to seek out the medical officer quickly at the first sign of anxiety in the hope of being removed from combat on medical grounds. (3) In persons who have had difficulty in adjusting to group life, to authority, and to cooperative work with others, the stress of combat may intensify these difficulties. These people are often more distressing to those who must work and live with them than they are to themselves, and they may not recognize their emotional disturbances.¹¹

¹⁰Thomas A.C. Rennie and Luther E. Woodward, Mental Health In Modern Society (New York: The Commonwealth Fund, 1948), p. 3.

¹¹A. H. Maslow and Bela Mittelmann, Principles of Abnormal Psychology, Revised Edition (New York: Harper and Brothers, Publishers, 1951), p. 478.

Relationship of chaplain and soldier. Perhaps we should pause long enough here to look at the relationship that may exist between the chaplain and those he will counsel. Soldiers and others will often seek out the chaplain when they will not go to parents, teachers, officers, or even their civilian clergyman. They see that the chaplain is interested in their unit and in their training. He becomes one of them, so to speak, yet is one that they can look up to as a friend and as one who is sympathetic. The soldier is assured that the chaplain can and will keep the interview in the strictest confidence. They also know that if they are required to go into combat, that the chaplain will go with them for he too is a soldier. This is the kind of relationship that is found to exist, and it is one that can be broken only by irresponsible acts on the part of the chaplain.

There are physical conditions that are thought to be necessary for a good counseling relationship. These conditions might specify the kind of office, chairs, lighting, and seating arrangement. The chaplain learns that, though these conditions may be good, they are not always available. The office may be a quiet place in the woods; stumps may be used for chairs, the sunlight for lighting effects, and as for seating, any position that is comfortable. Counseling may take place while riding in a jeep, or sitting on the tailgate of a truck. In the final analysis, it is the value of the interpersonal relationship that takes place that proves the best conditions for a counseling situation.

Hospital and prisoner counseling. There are two other major fields of counseling in which the chaplain will take part. Almost

every chaplain will do some work in the hospital and in the stockade.

The commanding officer of a unit will expect the chaplain to visit the men of that unit who are confined to the hospital. The illnesses may run the scale from minor sicknesses to critically ill patients. These soldiers may or may not have their parents or loved ones near by to comfort them. More than likely they will not. They may not even know anyone near by. Their buddies in their unit do not have much time for visiting. They are lonely and may be scared. These conditions provide a prime opportunity for the chaplain to be of service to the patient, and it is a service that the patient will not easily forget. This is a time when the patient may easily express his fears and worries, and it is a time when the best therapy may be just to listen consciously and intently.

Doctors Young and Meiburg say, concerning the hospital, that:

The hospital is no place for high-powered, highly emotional evangelism. On the other hand, it affords the best opportunity in our society to link the dynamic power of spiritual healing with the scientific resources of modern medicine. When a person is "yanked" out of a busy life and finds himself staring at the ceiling from a hospital bed, if he ever has serious thoughts he will have some then.¹²

Hospital counseling requires a certain degree of skill that only a few have been found to have. It has been said before, that preparation for the pastorate does not necessarily prepare one for counseling, and especially counseling in the hospital. Some ministers feel that all they must do is to visit a patient, sympathize with him, and

¹²Richard K. Young and Albert L. Meiburg, Spiritual Therapy (New York: Harper and Brothers, Publishers, 1960), p. 42.

pray for him, and the task is done. Yet, the patient may not want sympathy, and to go to him with a sad face and immediately pray for him may scare him nearly to death. Some ministers have seen fit to visit seriously ill patients without coordinating their visits with doctor or nurse, and some ministers have caused serious damage with this kind of behavior. Ministers, as a general rule, have not been able to fulfill this job of hospital counseling adequately.

Doctor Young says:

Much has been said in recent years in the field of pastoral care about closer co-operation between the minister and the doctor. Yet church-related hospitals have been slow to furnish the leadership and make available to pastors and theological students their clinical facilities where they could train alongside the medical interns. More pastors feel inadequate in their hospital ministry than in any other phase of the pastoral office.¹³

Doctor Young says further:

I am convinced that medical education at the present time is more advanced than theological education in preparing its students to co-operate with other professions in the ministry of healing. Furthermore, from my observation, the failures of the minister that have irritated the doctor, for the most part, have been very simple and unintentional mistakes which stem from a lack of knowledge of how to work in the hospital environment. It should, therefore, be emphasized that the minister cannot, outside of the hospital environment, experience a dynamic learning relationship of functioning as a member of a healing team.¹⁴

These statements certainly apply to military chaplains. It should be said again that the military chaplain is only a qualified

¹³Richard K. Young, The Pastor's Hospital Ministry, (Nashville, Tennessee: Broadman Press, 1954), p. viii.

¹⁴Ibid., p. xiv.

minister, priest, or rabbi who is working with the military forces. The chaplain may be more fortunate in that he will probably gain his experience more quickly, and that many times he will have a team of chaplains to work with. The older and more experienced chaplains are available to him if he desires to ask questions or be guided in a certain matter. The chaplain will usually find that the medical officers are willing to work with him on any particular case. It seems also that the chaplain will have easier access to the Army doctor than the civilian minister will to the civilian doctor.

The commanding officer of a unit will also expect the chaplain to visit the men of that unit who are confined to the stockade. Besides the chaplain who makes occasional visits to the stockade, there is a chaplain who is specifically assigned for the purpose of assisting the confinement officer. This is true of every military stockade or disciplinary barracks. This is another category of counseling for the chaplain and is spoken of simply as prisoner-counseling.

This category of counseling will be somewhat different to that of anything in civilian life. The difference is not so much in the confinement, but in the thinking concerning the confinement. It seems that the civilian thinks of the man who goes to jail as being a criminal. Also, though a minister may visit the local jail for the purpose of providing religious services and for counseling with the prisoners, he is not required to do so. In the military, the man who is confined to the stockade is not generally thought of as being a criminal, and this man is guaranteed the services of a chaplain. Many civilian ministers may never visit a jail, but every military chaplain will be expected to

visit the stockade at one time or the other. These differences are mentioned only for the purpose of pointing out the various counseling situations which the military chaplain is required to meet. This is simply the chaplain's duty to the men he serves, and he is expected to be competent in the tasks he is to perform.

Department of the Army Pamphlet 16-60 states:

The purpose of prisoner-counseling is to influence inmates to change unacceptable behavior and attitudes. The chaplain holds a position as a sort of "specialist" in this field. History will show that among the first to enter the fields of counseling with prisoners were the ministers, priests, and rabbis who went into the bastilles, dungeons, and reformatories to bring spiritual comfort and solace to the unfortunately ostracized men and women of society. The United States Army which runs stockades and disciplinary barracks under the competent and modern administration of the Provost Marshal General looks to the Army chaplains for a major contribution in the correction and rehabilitation of Army offenders.¹⁵

This pamphlet further states:

The chaplain begins his counseling by developing a positive relationship with the prisoners; otherwise nothing will go or flow from merely a conversation. The prisoner usually feels that the chaplain-counselor has some special power of influence that can help him. Unless the prisoner believes this, the relationship will not be a good one. Unlike other counseling relationships it usually takes much time to develop a working and a successful relationship that is helpful to the prisoner. Certain persons of the confinement staff, such as the chaplain-counselor, psychologist, social worker, or psychiatrist can effect a warm relationship. When this relationship has been established, it usually persists until the needs of the prisoner are met. It is imperative that a good chaplain-counselor discover the needs

¹⁵ Department of the Army Pamphlet 16-60, The Chaplain as Counselor (Headquarters, Department of the Army, April 1958), p. 40.

of the prisoner-counselee early in the counseling process. Chaplains differ from psychiatrists in their working with prisoners, because chaplains usually deal with mild and conscious problems.¹⁶

The chaplain must be extremely careful to make sure that the conversation with a prisoner is held privately and kept in the strictest of confidence. The prisoner will often tell the chaplain things that might actually incriminate himself, if the chaplain were to give out that information. The chaplain must not set himself up as judge, either to clear the prisoner of charges, or to condemn him. He is not there to solve the man's problems either, but to help the man to solve his own problems. It is difficult at times to keep from getting involved in a particular case, so the chaplain must constantly be conscious of the role he is to play. This does not mean that the chaplain cannot cooperate with the social worker or the psychiatrist in determining the best approach to a particular case. In fact, the contrary is or should be the norm, for they should be able to work together for the benefit of the prisoner, just as the chaplain and the doctor work together in order to benefit the sick person. So here again are special conditions which the military chaplain is expected and required to meet.

Mass casualty situation and the chaplain. The conditions and situations that have been mentioned so far in this thesis may be thought of as being of the past or present in counseling. Yet, now we must begin to prepare for possible events of the future. War has reached the point of possibility of horrible new dimensions. Only two atomic bombs have been used in the total history of warfare, but these two caused a

¹⁶Ibid.

revolution in the thinking concerning warfare. The world waits in fear while the giants of the East and the West parry with each other for power, position, and prestige. One missile fired from half way around the earth can destroy a large city. Now the doctor, minister, psychiatrist, and chaplain must be prepared to face the conditions of mass destruction and mass casualties, for they are the ones in particular who will minister to those who survive the destruction.

The subject of mass casualties has become a subject of major concern, especially to the medical branches of the Armed Forces. Research in this subject began with the casualties of the first two bombs as medical teams from the United States went into Japan to help care for those people. Major civil disasters have been studied since that time. Experts in this field have arrived at predictions as to the physical casualties that may occur, but have not been able to predict just what the psychological reaction to mass destruction will be. Some generalizations have been formulated.

Colonel Albert J. Glass says:

A generalization of behavior under stress can be set forth because observations and reports are in general agreement that the characteristic and more frequent psychological abnormality noted in traumatic situations is a temporary emotional disruption. This transient mental disorder is apparently a direct consequence of external trauma and commonly occurs during or shortly after the disaster impact, although cases may originate in the anticipatory period of threat prior to the actual danger. Individuals so affected exhibit disturbances of function with manifestations that vary in severity from stunned, mute behavior or uncontrolled, purposeless flight to trembling, tearful helplessness, apathetic depressed states, inappropriate activity, or preoccupation with somatic representations of increased emotional tension. Typically, such disorders are temporary, amorphous reactions which are self-limited, lasting for minutes,

hours, or days, and more rarely, weeks. Because of their disorganization or helplessness, these individuals are highly suggestible and readily influenced by the attitudes of others -- a phenomenon which permits practical application for the control of symptomatology and the curtailment of noneffective behavior following the cessation of danger.¹⁷

These things are not pleasant to look forward to, but they must be taken into consideration. The military chaplain will play a large part in putting people back on their feet and guiding them in the right direction. He should be the ready influence that can stop the disorganization and helplessness in order to restore some degree of control. This is just another category in which the chaplain will be expected to work.

¹⁷Symposium on the Management of Mass Casualties, Headquarters, Army Medical Service School, Brooke Army Medical Center, Fort Sam, Houston, Texas, December 1960, p. 243.

CHAPTER V

SUMMARY AND CONCLUSIONS

There is an ever growing concern about the mental health problem in the United States. It is slowly but surely being brought to the attention of the people. Approximately half of the hospital beds in the United States are taken up by mentally ill patients. Skilled persons who may deal with this problem are in short supply, yet one of the greatest sources of supply of persons concerned has been neglected. This is the field of the ministry and the chaplaincy. This profession probably has the opportunity to help someone every day, and may have more opportunity than any other profession today. Some ministers and chaplains are trained to meet this need, but most of them are not. Nearly all of this profession will do some counseling almost every day. This problem of mental health must become a concern of this field of work.

Mental health has been defined so that we might have some idea of what we are up against. Definitions of clinical and psychological counseling have been given so that we might realize how nearly we fall in the same category. We might combine these definitions and coin a new term, chaplain-counseling.

The chaplain-counselor is a marriage counselor, a hospital counselor, a prison counselor, a vocational counselor, a combat counselor, and a spiritual counselor. The military chaplain supposedly does not counsel with the more serious cases, yet almost daily finds himself face to face with such a case. If he does not recognize the seriousness of a particular case and so fails to make proper referral, then he does

the best job he can with what he has at hand, for the chaplain will very seldom turn a man away from his door. Soldiers are his business. Soldiers are his people, so he is a soldier counselor whatever the troubles may be.

When one looks at the world situation today with the fast pace of living and with the constant threat of war and mass destruction, he might easily conclude that our troubles have just begun. There is much talk concerning the defense of the nation, and almost as much talk concerning the capability of an offense. There is little talk concerning the condition and welfare of the individual soldier, and if anything, it seems that he is considered a second class citizen. If the people would look a little closer at the soldier, they would see the man who will be the first to fight and possibly the first to die. But as usual, the outlook is that God and the soldier are not needed so long as we are actually at peace. The mental and emotional condition of the average soldier could be improved with a little more consideration and recognition from the general public. Though the soldier is not actually at war right now, he is the hero that is keeping the world at peace right now. The fight is just as valuable either way you look at it.

It is a must that the chaplain see the value of the individual soldier. His mental and emotional health is of vital importance to the Army, for this will determine to a very great extent what his fighting ability will be. Better emotional health can be achieved many times with effective counseling.

Just what is the potential of the military chaplains? Chaplain (Colonel) Sowers said in a lecture at The Chaplain School that in 1960

the chaplains of the U. S. Army had 3.3 million personal interviews and of this figure, approximately 417,000 were counseling situations.¹⁸ There are about 1,100 chaplains in the Army. This would establish a figure of approximately 380 counseling situations for each of these chaplains each year.

The effort of this thesis was to determine whether or not counseling is a specialized function of the chaplaincy. It has been determined that the chaplain in the realm of his normal duty has counseling responsibilities in many phases of counseling. Many of these various phases are considered specialized fields of counseling in civilian life, wherein one counselor will deal with only one of these phases. The chaplain is expected to continue working in all of these fields.

The conclusion of this study is that counseling is a specialized function of the chaplaincy. It is further concluded that because of the tremendous counseling responsibilities of the chaplain, extensive training in the fields of psychology and counseling is needed, in order to more effectively exploit the opportunities for service to the soldier and to the nation.

¹⁸Statement by Chaplain (Colonel) Sowers in a lecture at The United States Army Chaplain School, Fort Slocum, New York, April 14, 1961.

BIBLIOGRAPHY

A. BOOKS

- Braceland, Francis J. (ed.). Faith, Reason, and Modern Psychiatry. New York: P. J. Kenedy and Sons, 1955.
- Brayfield, Arthur H. (ed.). Readings in Modern Methods of Counseling. New York: Appleton - Century - Crofts, Inc. 1950.
- Coleman, James C. Abnormal Psychology and Modern Life. Second edition. New York: Scott, Foresman, and Company, 1956.
- Coleman James C. and Scott, Foresman. Abnormal Psychology and Modern Life. New York: Scott, Foresman and Company 1950.
- Grinker, Roy J. and John P. Spiegel. Men Under Stress. York, Pennsylvania: The Mapel Press Company, 1945.
- Gorman, Mike. Every Other Bed. Cleveland and New York: The World Publishing Company, 1956.
- Hahn, Milton E. and Malcolm S. MacLean. Counseling Psychology. Second edition. New York, Toronto and London: McGraw - Hill Book Company, Inc., 1955.
- Hiltner, Seward. Pastoral Counseling. New York - Nashville: Abingdon - Cokesbury Press, 1949.
- Honeywell, Roy J. Chaplains of the United States Army. Washington, D.C. Office of the Chief of Chaplains, Department of the Army, 1958.
- Maslow, A. H. and Bela Mittelmann. Principles of Abnormal Psychology. Revised edition. New York: Harper and Brothers, Publishers, 1951.
- Menninger, Karl A. The Human Mind. Third edition. New York: Alfred A. Knopf, 1947.
- Rennie, Thomas A. C. and Luther E. Woodward. Mental Health in Modern Society. New York: The Commonwealth Fund, 1948.
- Rogers, Carl R. Client - Centered Therapy. Cambridge: Houghton Mifflin Company, The Riverside Press, 1951.
- Rogers, Carl R. Counseling and Psychotherapy. Cambridge: Houghton Mifflin Company, The Riverside Press, 1942.
- Young, Richard K. The Pastor's Hospital Ministry. Nashville, Tenn.: Broadman Press, 1954.

Young, Richard K. and Albert L. Meiburg. Spiritual Therapy. New York: Harper and Brothers, Publishers, 1960.

B. PUBLICATIONS OF THE GOVERNMENT

Department of the Army Pamphlet 16-60. The Chaplain As Counselor. Headquarters, Department of the Army, 1958.

Headquarters, Army Medical Service School, Symposium on the Management of Mass Casualties. Brooke Army Medical Center, Fort Sam Houston, Texas, December 1960.

C. LECTURE

Sowers, Kenneth. A lecture at the United States Army Chaplain School, Fort Slocum, New York, April 14, 1961

AN INVESTIGATION OF COUNSELING AS A
SPECIALIZED FUNCTION OF THE CHAPLAINCY

One of the tasks of the Army chaplain in most of his assignments is that of counseling of military personnel and their dependents. The greater emphasis in this presentation is placed on the role of the chaplain as a counselor of the military person. Although mention is made of techniques of counseling in certain situations, this is not the primary concern of the presentation. The main point of the presentation is that the chaplain must be able to function as a counselor in many different areas. He may be doing marriage counseling, hospital counseling, prison counseling, vocational counseling, combat counseling, and spiritual counseling. He may have to function in all of these areas within a period of a few days. This underlines the fact that the area of counseling for an Army chaplain is probably wider than that of his civilian counterpart and is probably a wider area than that for which the chaplain was trained by his seminary education.

The chaplain must realize the purposes for his counseling if he is to do a good job in such a wide and diverse area. His primary purpose is to help the person who comes for help. This is the main reason for counseling. It is to help the person as an individual to be a happier and better adjusted person. A secondary purpose is to help the Army by helping the person to be more productive.

A chaplain needs to use everything which he has learned about counseling to accomplish these goals. He must be able to draw on his knowledge, his experience, and the experiences of others. But he must never forget that he is working within the military environment and must be able to adjust accordingly. Instead of a well appointed and well lighted office as the textbook urges, the chaplain's place of counseling may be a quiet spot under the stars or a place in a combat zone.

The concept of teamwork must also be understood and appreciated by the chaplain. He must realize that others, such as a physician, a commander, or a confinement officer may well be able to help the military personnel as well as he can in certain aspects. The chaplain must always be aware of the skills and training of others and must realize his own limitations in certain situations. The chaplain must be aware that his best service to some individual might be to refer him to some one else with another skill. But if referral persons or agencies are not available in some cases in which the chaplain would like to refer, he must do the best job he can to help the person who has come to him.

The presentation concludes with the thought that "because of the tremendous counseling responsibilities of the chaplain, extensive training in the fields of psychology and counseling is needed, in order to more effectively exploit the opportunities for service to the soldier and to the nation."